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Movie Review:

***Buffalo Soldiers*—A laugh on the dark side**

Reviewed by EE

Ill fated, ill timed, and poorly named, *Buffalo Soldiers* lasted just one week at the Seattle first run house before being sent to the cut rate theater. The movie was purchased for distribution on 9/10/01 and shelved the next day, I assume because it takes such a negative view of the post-Vietnam military with its focus on thievery, murder, and racism that takes place at a U.S. Army base in Germany in 1989, the year the Berlin Wall fell. Joaquin Phoenix plays Ray Elwood, a clerk who has a weak CO, Col. Berman (Ed Harris), and runs black market operations dealing Mop & Glo and heroin. The plot turns on a chance hijacking of 2 army trucks loaded with stinger missiles, M-16s, and grenade launchers. This event is portrayed comically Cheech & Chong style as stoned tankers taking part in an exercise get lost, drive through a market, crush a VW bug, after the occupants have fled, and finally plow through a gas station, setting off a blaze, blocking the supply trucks, the blast killing the gawking truck drivers. The stoned tank crew drive on oblivious and by chance rejoin the exercise. Elwood and his henchmen drive away with the arms and stash them in a nuclear facility.

The plot then twists when Elwood's outfit gets a new top sergeant, played by Scott Glenn. He's a tough guy who sports a CIB and, we learn from his daughter, did three tours in Vietnam and loved it.

Top immediately suspects Elwood and begins to harass him. Elwood counters by dating and inadvertently falling in love with Top's daughter, Robyn, played by Anna Paquin. She shows Elwood scars on her torso from burns inflicted in an accident when her father was drunk.

Elwood's voice-over in the beginning of the film portrays the post-Vietnam army as plagued with recruiting problems. He and his comrades were convicted of civilian crime and offered a choice by the judge of joining the army or going to jail.

Joaquin Phoenix carries the film with flat dead pan humor as a wily character who seems to be without moral

compunction. Another post-modern *Repo Man*. TV news repeatedly portrays the Berlin Wall destruction and we have an end-of-an-era feel to the time.

I'm not sure what the title applies to. Blacks are numerous in the film and compose a group of renegade MPs who are a rival gang of black marketeers. I believe *Buffalo Soldiers* is a term usually applied to black post-Civil War cavalry. The film doesn't seem racist but is definitely a cultural critique of the military and the current Buffalo Soldier Association has asked Miramax to change the title.

Reviews have compared *Buffalo Soldiers* to other military comedies, specifically *M*A*S*H*, *Catch-22*, *Sergeant Bilko*, *McHale's Navy*, but the grittiness of this film reminded me of the post-WWII classic, *The Third Man*, which wasn't a comedy, but had a wry cynicism, especially in the character of Harry Lime (Orson Welles) as a blackmarketeer dealing much needed penicillin stolen from a children's hospital. That film plays on the similar childhoods of Joseph Cotton's straight up character and Harry Lime's (rhymes with slime) resulting in a significant moral deviation upon reaching adulthood—filmed amid the rubble and sewers of divided Vienna, as if the destruction had loosed the rats.

Buffalo Soldiers was directed by Gregor Jordan. Screenplay by Jordan, Eric Axel Weiss, and Nora Maccoby, from a book by Robert O'Connor.

With the post-9/11 prewar hype of the armed forces as being so professional and superior to the Vietnam days, *Buffalo Soldiers* was definitely sending a different message. Yet, while exaggerated for humor, we have heard stories of the U.S. Army in Germany in the 1970s and 80s with drugs, racism, and black marketeering presenting serious problems.

The army declined to support *Buffalo Soldiers* in its production and it sometimes shows - as in the opening credits when we see computer simulated helicopters flying in a huge unrealistic formation. It's an interesting movie and may take on a following once it hits video. Its topicality is perhaps a necessary counterbalance to the wartime press we receive these days. ##

Intimate Partner Violence: PTSD, Combat, & Abuse History

Using the popular research resource of the Vietnam Veterans Readjustment Study, which is described as a "congressionally mandated multicomponent investigation of the Vietnam generation," psychologists Holly Orcutt, Lynda King, and Daniel King published findings from the spectrum of social learning theory and Structural Equation Modeling that examined three hypotheses. Appearing in the *Journal of Traumatic Stress* [2003, 16(4), 381-390], Orcutt and her colleagues write: "We hypothesized that dysfunction in the family of origin and poor relationships with parents would be directly related to intimate partner violence as well as indirectly related to violence via childhood antisocial behavior. Second, childhood antisocial behavior was hypothesized to be directly associated with violence and indirectly associated with violence through increased exposure to war-zone stressors in Vietnam. Our third hypothesis was that war-zone stressors would relate to violence both directly and indirectly by way of PTSD symptom severity.

Researchers examined 376 male veterans and their partners who participated in the family interview substudy of the Readjustment Study, which included a five hour face-to-face interview. The authors used the Mississippi Scale to measure combat exposure. In discussing their results, they write, "Overall, the results supported the notion that the veteran's background, including his trauma history and PTSD symptomatology, increases the risk of perpetrating violence against his partner" (p. 387).

Final Structural Model

Orcutt, King, and King present a "Final structural model predicting intimate partner violence in male Vietnam veterans" (p. 386). Their Figure 1, which cannot be shown here, shows "increased reports of combat exposure were related to increased perceptions of threat while in Vietnam. In turn, the greater the veteran's perceptions of threat while in Vietnam, the greater his report of PTSD symptoms" (p. 387). The authors note that "the effects of both war-zone exposure variables on intimate partner violence were partially mediated by PTSD symptom severity" (p. 387).

The Combat History Paradox

Orcutt, et al., make an interesting observation, reported anecdotally in clinician meetings. "The link between combat exposure and violence, on the other hand, was negative in valence, with high levels of combat exposure associated with less violence" (p. 287). The authors derive the "hopeful" message that "once we take into account (or hold constant) the psychopathological consequences of war-zone exposure (i.e., PTSD), it may be that some individuals who experienced the trauma of combat are less likely to behave violently toward intimate partners" (pp. 387-8).

The authors' Figure 1 is remarkable in illustrating the critical role of PTSD in mediating most of the intimate partner violence. The only direct links to violence are combat

exposure, especially through perceived threat, and poor mother relationship. Thus a person with combat exposure may act violently if threat is perceived, whether or not he has PTSD.

According to the Orcutt, et al., "Final Structural Model," most family of origin problems, family dysfunction and poor relationship with father are mediated through PTSD or through the critical role of mother. The authors analyze this: "The veteran's report of a poor relationship with his mother was directly related to intimate partner violence. The veteran's report of a poor relationship with his father, however, was neither directly nor indirectly associated with intimate partner violence" (p. 387). They put a positive twist on the message. "It may be that a positive relationship with one's mother, more so than with one's father, is a protective factor and decreases the risk of engaging in intimate partner violence" (p. 387).

Orcutt, et al., make an interesting observation, derived partly from the authors' previous research on Gulf War veterans. They cite a sort of axiom, "Thus in some circumstances, early trauma exposure appears to confer risk for additional trauma exposure" (p. 388). They go further, "Indeed, exposure to combat may represent a selection bias, essentially drawing vulnerable individuals into harm's way..." They cite prior research by the Kings to state that "it may be that individuals who have some sort of vulnerability or reduced emotional functioning due to stress and trauma are at increased risk of additional stress and trauma" (p. 388).

Orcutt, King, and King outline a rationale from their research for conducting family therapy with PTSD in mind as a risk factor for violence. They recommend addressing symptoms such as emotional numbing and irritability directly in the family therapy context. EE ##

Veterans Seek Medical Help Aboard Navy Hospital Ship *Mercy*

Seattle *PI* on 8/1/03 carried a front page story in its "B" section for local news that the USNS *Mercy* was docked at Bremerton and receiving some 150 military veterans for physicals to help "reduce the VA patient backlog." A spokesperson for the VA Puget Sound Health Care System was quoted as saying "It's a more expedient, and a fun way to get the job done." One veteran patient was quoted as stating that he had been "waiting two years just for a physical to see what kind of health I'm in." ##

PTSD Program Contractor Site Visit Reports - *Contractors with New Professional Space— Sources of Ancient Oracle Wisdom, Feng Shui, and Contractor Enthusiasm*

By Tom Schumacher

Scientific American (August 2003) presented an interesting article about the Oracle at Delphi - the succession of mystical priestesses or "Pythia" of ancient Greece. The article revealed that these oracles were in fact offering divination of the future while under the influence of ethylene, rather than resorting to extramundane or "spiritual" sources for guidance. Having hypnotic qualities that also offers a degree of pain relief, ethylene occurs naturally under certain conditions. The Temple of Apollo was positioned directly over two geologic fault lines that intersect under the oracle's chamber. Ethylene gases and other petrochemicals infiltrated the water and air that entered this chamber, creating an environment that intoxicated the soothsayer, adding to the belief that she spoke for Apollo in whatever matter was being considered for guidance.

In this altered state of consciousness, visions of the future were offered on specific questions of the day. Rulers and generals came to the Temple to plan for war, to predict economic futures and other important matters. Citizens of the realm also sought advice about life issues and health matters. The Temple of Apollo, especially the third one, was one of great sanctuary, with high walls, a guarded entrance, and a walkway that led eventually to the inner temple and the chamber below. A place that would likely engender high levels of "demand characteristics" and client expectations for significantly favorable results. A Greco version of *Feng Shui*, perhaps.

After reading the article, I concluded that once again, there are three rules upon which successful business depends—*location, location, and location*. Additionally, architectural space quickly defines a great deal about how we might perform as professional providers, and how clients seeking solutions to vexing problems might "see" their problem as they present it in the context of the therapist's office. The professional setting selected or created by the therapist, may be perceived as benefiting from the various types of neighboring businesses and professional services. *Setting*, and *Feng Shui*, become part of the treatment experience, and may elevate or deflate a client's sense of success in the therapy process. In this sense, the treatment setting might be an important variable in the overall outcome of treatment, and "setting" will likely come to mind years later, when the client considers issues, decisions, or draws upon memories of things learned in treatment. This is not to say that we might want to add intoxicated and dissociative utterances to a therapist's set of treatment skills. However, the qualities of the therapeutic space likely play a very important role in the outcome of the treatment experience, as well as the capacity of the therapist to see traumatized patients hour after hour, year upon year.

In a perhaps remotely associated vein, I have noted changes in mood and "energy" as contractors have upgraded their professional facilities, or have made significant moves from one office to another. This has happened often enough recently, for me

to offer two examples that appear to have led to favorable outcomes for providers and (perhaps) clients alike. My assessment of these "changes" is non-scientific, but are reported to me by contractors and clients with such enthusiasm that one can not imagine that a well designed objective assessment tool would fail to measure these reactions and changes.

James "Corky" Sullivan, Ph.D., Port Orchard

James "Corky" Sullivan has been a WDVA PTSD Program Contractor for about 12 years. He also been a federal VA, Vet Center (RCS) Contractor from about 1982 to the present. Corky is a Vietnam veteran and he has, for as long as I have known him, had his office in Port Orchard—a secluded little house that was tucked away on a side street and up a hill. Here Corky has held group and individual therapy, worked with couples and families. He is known as a sincere and genuine human being, and a very competent psychologist. Corky has also been working under a special contract to offer direct individual and group services to veterans who are residents of Washington State Veterans Home at Retsil. These services have been a fixture of the Veterans Home for the past five years, and afford the veterans and staff a chance to work with someone who understands PTSD, and how it affects the lives of many of the residents.

Over the past 12 years I have made numerous visits to Corky Sullivan's office. Probably one thing that always stayed with me was the setting. It offered the trauma survivor a "safe feeling" setting, but at the same time, interior sunlight was absent and there was no view or sense of the outdoors from any of the offices.

Earlier this year, Corky called to say that he needed to move. This meant that he needed to find new professional space, and within a short time he had secured a new suite in a landmark building in Port Orchard. My site visit to this newly restored historical building was nothing short of a surprise. The new office is directly across from the downtown marina. It has tall windows that look directly out on the bay. Blue water and open skies are framed by pleasure and fishing boats, as well as historical war ships across the bay. Sunshine also made the day feel light and alive. Even more telling, it seemed to me that space outside spoke of life, activity, and optimism. The group room offered a variation on the sense of openness. It is in a part of the building that felt very safe and offers only a small view to the bay. It feels quiet, secure, and strong in a way that groups require an undistracted connection with fellow combat veterans. The new furniture was correct for the setting as well.

(Continued on page 6, see *Site Visits*)

Unfinished Business...And The Unrequited Need for Emotional Mastery

By Emmett Early

Unfinished Business is something we are left with, but like many injuries, we are only aware of the problem after the adrenaline wears off. Note the word “sense” in the phrase, I have a *sense* of unfinished business. One has an experience, things happen, then something doesn’t happen. If it doesn’t happen, sometimes it will leave us with an ineffable feeling state of incompleteness, which can translate into a drive, an attraction, a propensity, a motivator for action.

I am reminded of the infamous Miller’s Analogies Test in the Graduate Record Exam. 1-3, 2-4, 5-7, 6-?, the sequence of the context suggests the next number. It may be that this anticipation and the absence of the expected, leaves us with the sense of unfinished business. The child who doesn’t receive love or feel approved of by parents during a crucial time in development when identity is forming, can reach adulthood with a strong sense of unfinished business in the form of need or drive. The child turned adult may hope for that positive response from the parent with every phone call and, even if the hoped-for response does come later, it won’t be right.

Timing

Unfinished business is different from guilt or grief, though it can be influenced by those emotions. It is felt in terms of a need for completeness. The German word *Gestalt* suggests a sense of perceptual wholeness: the whole picture. The problem is that there is usually only one time period when something can complete the picture, and if it doesn’t happen then, at that time, it can never be completed—at least not from the outside.

Neurophysiologists and linguists note that there are crucial times in early development when languages can be learned with ease. A child raised in one language culture may never be able to fully master another language later, because the neuronal pathway that comprehends the sound was not taken soon enough, for example the Japanese adult trying to make an “L” sound in English: “lily.” Though comparable, our psychological development is thought of as more fluid and certainly less defined, yet unfinished business can nag us to death.

The child who is told repeatedly in early development that he is inept, may never be satisfied with the praise of others later and may always *feel* inept because at the time in his development ripe for praise, criticism was there instead. And later when someone admires his performance, the praise is discounted: “She’s just saying that because she likes me,” “Oh, he has poor judgment,” etc. No amount of current praise can requite the need created by the unfinished business, which can only be resolved by a resolute conscious letting go each time the feeling arises.

War Trauma

We see unfinished business with war veterans so often it seems that the very nature of war is to create those moments. Unfinished business is not the same as psychological trauma, although if trauma is involved, the sense and action of unfinished business becomes more extreme. The compulsion to repeat the trauma could be regarded in many cases as the result of unfinished business. We have seen Vietnam War veterans who remain locked in hatred for “gooks” expanding the term to apply to all Asians (with an occasional individual exception). Men who are removed from combat for various reasons and never return, can be plagued by the need to fight on, such that they often feel that an attack is imminent and mistake every dumb and hostile act from others as the bell for the next round of warfare. The MIA issue after the Vietnam War was fanned by unfinished business.

War veterans can have some special moments as they return home when the time is ripe for greeting. Homecoming may not mean parade and festivities, but it should mean at least greetings and acknowledgement. And when it doesn’t happen when it should, when need and expectations are there, any future attempts to make up, to “give the veterans a parade,” are met with bitterness, because the feeling remains.

Unfinished business can occur in a case of trauma before developmental mastery. Most of the Vietnam War veterans were traumatized at late adolescence and young adulthood. Adolescence is the period of emotional mastery involving fore-brain development of executive function, which inhibits emotions and directs planning. The word “cool” was applied to those who could master emotional containment. Trauma at that time can result in an insult to self control and a perpetual fear of being in situations that are out of control or of losing emotional control.

Example

For example, there was Tom (not his real name), who was terribly traumatized in Vietnam when he worked with Special Forces as a 19-year-old conducting anti-insurgency operations along the border. On one occasion he was induced to imitate the initiation rites of the group by killing and mutilating a VC prisoner, tying him up in a tree. On another occasion he was abandoned by his South Vietnamese counterparts and, after an agonizing period of freezing, had to fight and crawl and hide to escape death. On yet another occasion he had to take over in a radio shack after another soldier had shot himself in the head, spattering his brains around the room. The room was never fully cleaned leaving a strong stench of death.

(Continued on page 5, see *Unfinished Business*.)

(Unfinished Business, continued from page 4)

When Tom came back from the war he continued to hate “gooks” and was constantly on guard. He maintained his Vietnam body weight into his forties. Discharged early in the war, the later Fall of Saigon caused him to decompensate and leave his job. Nightmares accompanied weekly unrelenting sleep disturbance, which kept his consciousness low with fatigue.

Workouts kept his adrenaline high. He exercised constantly. His only other recreation was solo speed skiing. He was compulsively alert, amygdala driven. He maintained booby traps around his mobile home. He kept weapons and ammunition galore and stashed them in various places, including secret caches in the surrounding mountains. He was unable to maintain a relationship with a friend or lover. He seldom trusted and would not tolerate a group, but once a therapeutic relationship was formed, he offered with genuine sincerity to kill for his therapist, the way another might offer to pray for you, or a homemaker might crochet a doily. (In a fleeting moment of counter-transference, a few names popped into the therapist’s mind.) Tom was ready for a fight and imagined obsessively that it was about to happen. “Charlie gets you when you least expect it,” he said, but he died after a session of ski racing, a victim of a heart attack at age 42.

Jim Shoop in the last RAQ [2003, 7(4), 12] called our attention to the issue of control in veterans with PTSD. Part of the irony, here, is that persons who fear losing control are seen by others as emotionally inflexible, that is, over-controlled, like Tom in the above example. In this case the unrequited need is for emotional mastery, maintained by disciplined repression in the face of expected attack, is in essence Tom’s unfinished business. ##

RAQ Retort

The *Journal of Traumatic Stress* doesn’t invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. We are inclined here at the RAQ editorial offices to regard such communication with avid interest and will likely publish it in upcoming editions, assuming it meets our high standards of not being obscene or anonymous. And if you have a workshop or a book experience to tout, rave or warn us about, the RAQ may play a role. We are beginning our eighth year of publication with this issue. Your contributions will make a difference. Email or write to WDVA.

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Stress Effects on Brain Function

The September *Scientific American* featured a series of articles discussing the physiology of the brain from various perspectives, including diagnosis and neuronal adaptability. Robert Sopolosky, Stanford biology professor and writer (*Why Zebras Don’t Get Ulcers*) contributed a review of the effects of stress on brain physiology [Taming Stress, 2003, 289(3), 86-95]. He defined stress from a specific physiological perspective. “A stressor is anything in the environment that knocks the body out of homeostasis, and the stress response is the array of physiological adaptations that ultimately reestablishes balance. The response principally includes the secretion of two types of hormones from the adrenal glands: epinephrine, also known as adrenaline, and glucocorticoids. In humans, the relevant glucocorticoid is called cortisol, also known as hydrocortisone” (p. 88).

Control, Release, Hope

Dr. Sopolosky gives credence to the topic of harassment by reporting on the research that “found that such stress is exacerbated if there is no outlet for frustration, no sense of control, no social support and no impression that something better will follow. Thus, a rat will be less likely to develop an ulcer in response to a series of electric shocks if it can gnaw on a bar of wood throughout, because it has an outlet for frustration. A baboon will secrete fewer stress hormones in response to frequent fighting if the aggression results in a rise, rather than a fall, in the dominance hierarchy; he has a perception that life is improving. A person will become less hypertensive when exposed to painfully loud noise if she believes she can press a button at any time to lower the volume; she has a sense of control” (p. 88).

Hippocampus and Amygdala

Dr. Sopolosky gives a good review of stress, noting particularly the damage to the hippocampus caused by stress in depression. He also notes the role of the amygdala in traumatic encounters. “The amygdala also takes in sensory information that bypasses the cortex. As a result, a subliminal preconscious menace can activate the amygdala, even before there is conscious awareness of the trigger. Imagine a victim of a traumatic experience who, in a crowd of happy, talking people, suddenly finds herself anxious, her heart racing. It takes her moments to realize that a man conversing behind her has a voice similar to that of the man who once assaulted her” (p. 89). The author notes that the amygdala also “sends projections to the sensory cortices, which may explain, in part, why sensations seem so vivid when we are in certain emotional states—or perhaps why sensory memories (flashbacks) occur in victims of trauma” (p. 90).

Dr. Sopolosky noted that repetition of traumas (and, we assume, repetition of thoughts about the traumas) is capable of not only strengthening connections across synapses but also generating new neuronal sprouting (p. 90). ##

Site Visits, Continued from page 4.

The most remarkable aspects of Corky's new office, are the broad smiles that greeted me. Pat Latshaw, the hard working office manager, was eager to show off the new space. It was obvious that the new setting was something that added renewed energy to her work and her sense of being valued by her employer. I asked about the response from patients secondary to the new office space, and learned that most were excited with the change. Although, change for many with PTSD can be difficult in the short run. Nevertheless, change or managing change, is really what therapy is all about.

Whether or not the excitement about this office will last over time is unknown. In the short term, Corky actually volunteered that he recently had done a number of treatment plans, completed reports for VA MH Fee Services, and was submitting a batch of intake forms to me in the next week. I can only assume that the office change breathed new enthusiasm into his work. He also scored very well on the latest "Risk Management Survey" and earned an "A" (no errors) for the site visit. It will be interesting to see how clients react over time to this very different professional space, and if this change of setting will continue to create obvious professional enthusiasm.

Steve Akers, MSW, Akers Counseling, Everett

Akers Counseling has had other offices within the City of Everett over the years. Up until very recently, Steve and Lori Akers, and their staff, were located in busy downtown Everett. The former building was modern in design, cheerful, interesting, but clients and visitors were required to park on busy streets. Also, the clients needed to pass (rather chillingly,) a phalanx of offices housing various military recruiters. The recruiters were always friendly, but reminded me of the loss of innocence, and other melancholic life changes of years ago. I would be surprised if veteran clients did not have their own unique and unspoken reactions.

Less than three months ago, Steve and Lori Akers moved into there own, newly remodeled house/office located on the south end of Colby Avenue. This cheerfully painted yellow house, with ample off-street parking and balanced landscaping, seems to urge the visitor toward the off-street entrance. Once inside, warm woods, colorful carpet, and cheerful wall color coordination, immediately communicate that this office has been designed by people with a generous heart and a desire to encourage clients to feel relaxed and welcomed. The high quality woodworking and attention to detail evoke a sense of carefully considered quality and value.

I was greeted by Carol Murray, the busy office manager, who was happy that I have finally come to visit the new office. Steve, Dale Rue, and Cathy Bjornsgaard-Smith were eager to show me around, and provided me with a tour of their respective counseling offices. They have had a hand in

picking colors in their offices, and talked about their excitement and sense of investment in the new professional space.

Bridget Cantrell, Becky Deroucher, Jim Tuffs, and Bill Bunselmeyer are part-time providers at Akers Counseling, but they were off the day that I visited. They have all noted their excitement with the new office space. More to the point of this review, everyone has noted that the clients have been uniformly pleased with the quality and location of this house/office. The old-world charm of vaulted ceilings, wooden floors, stone-work fireplace, and modern sound proofing, all contribute to make the client's experience one of safety and comfort. Time seems suspended, and the desire to relax is noticeable to me immediately. I found myself talking with Steve about when we first met some 20 plus years ago, and telling the whole (unabridged) story to Dale Rue—Vietnam War veteran and the newest staff counselor. In note that Steve's energy and motivation to help fellow veterans and family members remains apparent, and yet this house also seems to have offered him a new direction for his work with trauma survivors.

As for the official site visit and audit, this occurred some months before, and the staff at Akers Counseling did well. Considering the large volume of work done by this group (Snohomish County has approximately 28,000 Vietnam Veterans), and the numerous staff members working under the WDVA Contract, Vet Center Contract, and VAMC Mental Health Fee Services, compliance with WDVA contracting rules is excellent. The staff earns an "A" grade. Moreover, Akers Counseling has offered internships to post-graduates seeking licensure, adding to community awareness an understanding of the effects of war trauma.

Ethylene Undetected

No geologic faults and dynamic plate-tectonics were found underlying either of these new offices. Nor did I search for the presence of ethylene vapors. I did discover that the sweet aroma of a "fresh start," where office space is concerned, may act to create a new view of the therapeutic work being done. At the very least, the impact of new office space will be noticed by clients. What clients draw from these changes might be difficult to ever know. Perhaps the impact upon staff is more immediately notable. Other contractors, Dorothy Hansen in her Puyallup office, and Bridget Cantrell, in her Bellingham office, have also recently relocated to new professional space. Jack Dutro in Aberdeen, Jim Shoop and the Skagit group, Paul Daley in Port Angeles, have all moved in recent years. These changes seem to have had a favorable impact upon these professionals personally, and may have benefited their clients as well. I think what I have noted most is that our contractors are very sensitive to the need to not make their professional space so "upscale" as to create the perception of economic distance between themselves and their clients. Nevertheless, comfortable and pleasing professional space is very important and likely offers a significant benefit to staff and client alike. TS ##

When is harassment traumatic?

Sexual harassment is defined, according to Amy Street, Ph.D., and co-authors writing in the *PTSD Research Quarterly*, [2003, 14, (1)] as "unwelcome verbal or physical conduct of a sexual nature that occurs in the workplace." The authors reviewed the latest research on the subject and found "two types of behavior" related to sexual harassment: the *quid pro quo* (this for that), and harassment in a hostile environment. "Hostile environment harassment refers to a repetitive offensive pattern of unwanted behaviors that interferes with a person's work performance or creates an intimidating or hostile work environment." The authors note that scant attention has been paid to the subject by PTSD researchers. They note one research publication from The National Women's Study found that "the lifetime risk of having a PTSD diagnosis was significantly higher among sexual harassment victims than among non-victims. This relationship between sexual harassment victimization and PTSD held, even after taking into account the effects of other physical and sexual assault victimization."

Street, et al., found that forms of sexual harassment deemed less severe than assault also meet the criterion for psychological trauma. "Such incidents pose a threat to the physical integrity of the victim by threatening the victim's financial well-being, by threatening the victim's personal boundaries, and by threatening the victim's control of situations over which she should legitimately be able to have some control."

While Street, et. al., in their review of literature address the variables that may contribute to the traumatic nature of harassment, they do not address the concept of tolerance limits that may apply because of the cumulative nature of harassment. Such a theory would suggest that each harassment event contributes salience for the next event, from the victim's point of view. This is based on the idea that experience is stored in memory with the associated emotional reaction. The salience of the subsequent harassment events then contributes to the victim's perception of coping alternatives. The latest harassment event, which may be the last straw, may not of itself reflect the damage done to the victim until all the events and reactions are summed. This also takes into account that the victim's history of prior harassment or sexual trauma likely adds to the sum of events. Thus, the person who transfers from one job to another to avoid harassment, takes to the new job the cumulative history which would limit her future tolerance.

Street, et al., call attention to the "organizational characteristics that communicate tolerance of sexual harassment. They note that some work environments are gender traditional, such as construction trades, and are more likely to have a low female to male ratio and likely a male supervisor of a female worker.

In this reviewer's experience if men harass each other in the work environment, sexual or not, e.g., intentionally triggering a veteran's startle response, such actions would likely not be reported to management. The worker might not even label the malicious behavior, even if repeated, as harassment, and, as Street, et. al., note, labeling does impact the type of coping responses a victim is likely to use in response to harassing behavior. For example, harassment of the new guy on the job, is usually viewed as an initiation to be endured with the prospect that inclusion in the group will provide a better future. In the *Zeitgeist* of the male work environment, to report harassment is considered unmanly. EE ##

Phone numbers for WDVA and King County Veterans counselors and contractors are listed in alphabetical order.

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Wayne Ball, MSW, Chalan & Douglas...	509 667 8828
Bridget Cantrell, Ph.D., Bellingham.....	360 714 1525
Dan Comsia, MA, King County.....	253 840 0116
Paul Daley, Ph.D., Port Angeles.....	360 467 4357
Duane Dolliver, MS, Yakima.....	509 966 7246
Jack Dutro, Ph.D., Aberdeen.....	360 537 9103
Emmett Early, Ph.D., Seattle.....	206 527 4684
Dorothy Hanson, MA., Federal Way	253 841 3297
Tim Hermson, MS, Kennewick.....	509 783 9168
Bruce Harmon, M.Ed., Renton.....	425 277 5616
Bill Johnson, MA, Mount Vernon.....	306 419 3600
Dennis Jones, MA, Mount Vernon.....	360 419 3600
Bob Keller, MA, Olympia.....	360 537 9103
Frank Kokorowski, MSW, King Co VP..	206 296 7565
Bill Maier, MSW, Port Angeles, Sequim.	360 457 0431
Brian Morgan, MS, Omak.....	509 826 0117
Mike Phillips, Psy.D., Issaquah.....	425 392 0271
Dwight Randolph, MA, Seattle.....	206 465 1051
Stephen Riggins, M.Ed., Seattle.....	206 898 1990
Ellen Schwannecke, M.Ed., Ellensburg...	509 925 9861
James Shoop, MS, Mount Vernon.....	360 419 3600
James Sullivan, Ph.D., Port Orchard.....	360 876 2322
Ricardo Swain, MSW, Seattle.....	206 372 8496
Darlene Tewault, MA., Centralia.....	360 330 2832
Tom Wear, Ph.D., Seattle.....	206 527 5382
Stephen Younker, Ed.D., Yakima.....	509 966 7246

WDVA PTSD Program Director:

Tom Schumacher..... 360 586 1076
 Pager..... 800 202 9854 or 360 456 9493
 Fax..... 360 586 1077

To be considered for service by a WDVA or King County contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used prove the veteran's military service. You are encouraged to call Tom for additional information.

It is always preferred that the referring person telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Contractors are all on a strict and tight monthly budget, however, contractors in all areas of the state are willing to discuss treatment planning .

Some of the program contractors conduct both group and individual/family counseling. ##

PTSD and Response Style in Compensation Seekers

By EE

An article in the June issue of the *Journal of Traumatic Stress* [2003, 16(3), 251-255] has a disturbing theme that is suggested in its title: "Assessment of Response Style in Combat Veterans Seeking Compensation for Posttraumatic Stress Disorder." Actually the conclusions of the article by C. Laurel Franklin and others were not problematic, but rather the implications of the content are disturbing.

Dr. Franklin and her colleagues conducted research using MMPI-2 data collected from veterans seeking compensation for PTSD. The purpose of their study was to "determine how many CS (compensation seeking) veterans elevate MMPI-2 validity scales indicative of an overreporting response style, and...to compare veterans with and without an overreporting response style for possible differences on measures of combat exposure, PTSD, and depression" (p. 251). The authors hypothesized that a majority of compensation seeking veterans would be classified as overreporters "and that these veterans would have significantly higher scores on measures of combat exposure, PTSD, and depression." In addition to the MMPI-2, Franklin, et al., administered the Mississippi Scale for Combat-Related PTSD, the Beck Depression Inventory and the Combat Exposure Scale. They examined 204 veterans at the New Orleans VA hospital reporting for C&P exams. Only those veterans with diagnosed PTSD were considered.

Franklin, et al., found that 84% of the veterans elevated at least one of the scales identifying overreporting, usually the *F* scale, with only 38% of veterans having an *F* scale *T* score below 80. They note that "the *F* scale may be the least specific overreporting scale because it appears to tap both overreporting and extreme psychopathology" (p. 254). "In our study, veterans with PTSD and comorbid Axis I disorders were more likely to elevate *F* than veterans diagnosed only with PTSD. It could be that veterans with PTSD and comorbid disorders (e. g., depression, substance abuse) are in greater psychological and emotional distress, accounting for higher *F* scores" (p. 254). They hasten also to note that "having an overreporting response style does not invalidate a PTSD diagnosis" and recommend that veterans with elevated *F*s receive additional evaluations.

The authors found that WWII veterans were the only subgroup in their sample who had *F* scores below the 65 cutoff used in the MMPI-2. Besides the generational differences, it could also be that those WWII veterans who survive to old age are those who tend to down-play their emotional problems. Although we think that in the general population the more emotionally expressive might be predicted to live longer, when PTSD enters the picture, the reverse may be true. The authors observed that cultural differences may cause overreporting and recommend research to see if the elevations are present in other ethnic minority groups.

Franklin, et al., conclude, "Clinically, our findings support the use of higher validity scale cutpoints with CS (compensation seeking) veterans diagnosed with PTSD. Our results suggest that a majority of CS veterans with PTSD do not overreport on the MMPI-2. Even among the group of veterans with elevated *F* scores, there was a large amount of variability on MMPI-2 validity and clinical scales, suggesting that it is not appropriate to assume that any elevated profile is uninterpretable due to secondary gain issues. It is important for clinicians and researchers to recognize the variability of scores among PTSD-diagnosed, CS veterans and carefully identify those with and without an overreporting response style using multiple validity indices" (p. 255).

The Onus of Seeking Compensation

It seems that persons who are unfortunate enough to become disabled during government service incur a secondary disfavor when they seek compensation. They become "compensation-seekers," and their response "style" is suspect. That is, they may be putting on an act to gain benefits. Elevated *F*, as the authors observe, is also an indicator of extreme psychopathology, and the role of hyperarousal in PTSD may be a player in score elevation, although the authors speculate on the cause of validity score elevations beyond the premise of secondary gain and contend that higher levels of combat as indicated on the Mississippi Scale scores, and dual Axis I disorders, particularly depression, may be factors.

PTSD is a disorder with socially unpleasant symptoms. Those who seek compensation for the disorder become suspected of dissembling, that is, of acting. The word "style" in the phrase "response style" implies not only the first definition of mode or manner of expression, but also the manner or method of acting or performing. What really bites, however, is the often repeated phrase "compensation seeking" applied to veterans. "Compensation seeking" implies acquisitiveness or covetousness, as opposed to the virtuous, self-abnegating veterans who shun disability compensation. It seems that veterans who are damaged by military service are a credit if they suck up the pain, as a ballplayer would who drives a fast-ball into his foot. The veteran who sees his or her fortunes decline due to PTSD or secondary stress-related disorders, such as hypertension, acid reflux gurd, etc., may seek VA disability compensation late in his or her working life. The veteran then had better be prepared to deal with scorn and dirision from friends and relatives, usually envy masked in humor, that they are (wink, wink) "compensation seekers." I am reminded of a hassel we once had at the Seattle Vet Center (circa 1980) when some VVAW (Vietnam Veterans Against the War) rowdies barged into our offices on Pike Street as a combat veterans rap group was assembling, shouting the accusatory slogan "You suck the VA tit!" None of them, by the way, were combat veterans. ##

Book Review:***Blood and Champagne: The Life and Times of Robert Capa***

Reviewed by EE

Robert Capa was described by many of his contemporaries as the greatest war photographer ever. His reputation was established during the Spanish Civil War when he captured images of men as they were shot. Never before had a photographer braved shellings and firefights to get such moments on film. He was working as a photojournalist on the Republican side along with his fellow journalist and lover, Gerda Taro. She was also a brave and talented photographer, but she was overshadowed by Capa and her pictures were sometimes published with his credits. She was killed while riding on the running board of a motor car as it sped away from action. She was crushed to death when a Republican tank went out of control and crashed into the car.

After Gerda's death, which was a significant Left Wing event in Paris in the era of extreme polarization of politics, Capa developed a style that demanded he return to combat, living an impulsive life of gambling, drinking and philandering with exceptionally beautiful women in the interims. During the Second World War he became jump qualified. He recorded on film combat operations in Africa, Italy, was with the first wave at Normandy, jumped with paratroopers into Holland, and shot pictures in Bastogne during the Battle of the Bulge. He was finally killed during combat operations covering the French war in Vietnam.

Capa's biographer, Alex Kershaw, *Blood and Champagne: The Life and Times of Robert Capa*, identified the photographer as having PTSD and gives abundant evidence. "After more than a decade of war, Capa had started to exhibit many of the symptoms of posttraumatic stress disorder: restlessness, heavy drinking, irritability, depression, survivor's guilt, lack of direction and a barely concealed nihilism. He admitted his dreams were haunted by death" (p. 172-3).

Even before WWII, Capa was deeply affected by combat and especially the death of Gerda Taro. His contemporary, Henri Cartier-Bresson, wrote, "it was as if a veil had been thrown over Capa. The man who eventually emerged from behind it was, as others saw him, altogether different: cynical, ever more opportunistic, at times deeply nihilistic, afraid of attachment, permanently broken hearted" (p. 61).

Capa landed on Easy Red section of Omaha with elements of the 116th Infantry. He actually chose his assignment on D-Day. "Given the option of going in with a regiment's staff or with the first waves of assault troops, he staked his life on the latter" (p. 117). He shot all his film amid the chaos and carnage of the first moments of landing and then struggled to get his film back to ship to return to England. He eventually passed out and was stripped and tagged as a case of Combat Exhaustion. Unfortunately

almost all of his film was destroyed in the rush to get it back to *Life* magazine. A technician burned all but a few pictures in a dryer.

Robert Capa believed fervently in the Spanish Republican cause of fighting fascism. The loss was more than a political and military defeat, but a loss of a romantic ideal and of the lives of their fellow idealists. His protégé, Gerda Taro, described survivor's guilt succinctly. "When you think of all the fine people we both know who have been killed even in this offensive..., you get an absurd feeling that somehow it's unfair still to be alive" (p. 58). ##

Hippocampal Volume in PTSD

An article published in the *NC-PTSD Clinical Quarterly* [2002, 11(3), p. 40] reviews the issue reported over past years that persons with chronic PTSD have shown smaller than average hippocampal volume in MRI screenings. Author Matthew Friedman, M.D., refers to PTSD researcher Roger Pitman's study of twins of the Vietnam era, one of whom served in Vietnam. Dr. Pitman found that a longitudinal investigation has shown that "smaller hippocampal volume is more likely a risk factor than a cause of PTSD." Dr. Friedman writes: "Utilizing a case-control design he (Dr. Pitman) conducted MRI assessments in which the hippocampi of combat exposed Vietnam veterans with and without PTSD were compared with their respective monozygotic twins who had not been exposed to Vietnam War trauma and who did not have PTSD.... These investigators found smaller hippocampi in both combat-exposed twins with severe PTSD and in their unexposed non-PTSD identical twins. In contrast, non-PTSD combat-exposed twins had larger hippocampi, as did their non-exposed monozygotic twin brothers. These findings clearly demonstrate that PTSD does not "shrink" the hippocampus and strongly suggest that smaller hippocampi among affected individuals preceded combat exposure."

It follows that the organ in the brain that relates the present to the past, must needs be robust to deal with life after psychological trauma. Those who cannot process and place the traumatic event in a context that minimizes its damage, may be the persons who develop PTSD. It follows, too, that the greater the traumatic event and more numerous the traumas, even a big hippocampus might not protect the survivor from PTSD.

One can imagine that small hippocampus, like flat feet and asthma, disqualifying recruits at the military processing centers of the future. Or perhaps only the recruits with big hippocampi would be sent into combat. [See September 2003 *Scientific American* (reviewed on page 5 of this newsletter) for a review of evidence regarding hippocampal response to depression.] EE. ##

Secondary (Vicarious) Traumatization & Countertransference

By EE

The April issue of the *Journal of Traumatic Stress* featured a review of literature on the not infrequently found problem of secondary traumatic stress in mental health workers. Authors Mary Dale Salston and Charles Figley reviewed literature of related subjects, such as compassion fatigue, burnout, countertransference, and vicarious traumatization. [Secondary Traumatic Stress Effects of Working With Survivors of Criminal Victimization, 2003, 16(2), 167-174]. The variously named subjects contain the common theme of the therapist or counselor whose "cognitive schema related to beliefs about the world (e.g., a just and safe world for good people)" is changed as the result of contact with persons with PTSD. The range of therapist reactions run from the countertransference awareness of physical and cognitive reactions to clients during the session, to imaginal content following the sessions, worry, concern and fear regarding memory of the client, to longer changes in the therapist's world view and lifestyle.

Implying something of a continuum, Salston and Figley, quoting Danieli, state that "The management of countertransference is essential due to the possibility of developing STS" (secondary traumatic stress) (p. 170). The authors define countertransference succinctly: "The more contemporary perspective on countertransference involves the spontaneous or evoked responses of the therapist in regard to information provided, behaviors exhibited, emotions displayed by the traumatized client" (p. 170). They conclude from their review that therapists with trauma histories of their own are the most vulnerable, and argue for a routine institution of supervision and/or consultation with professional peers. "The importance of social support cannot be overemphasized (...). The work one can do with oneself can include journaling any dreams, process the intrusions and integrate the memories, progressive relaxation, imagery, physical activity, appropriate diet, drawing upon spiritual strengths, and seek involvement in an activity of interest that brings pleasure. It is important for the therapist to incorporate these skills taught to clients in order to provide effective self care" (p. 172).

Vicarious Traumatization

Salston and Figley point out that vicarious traumatization is something that occurs over time. Therefore, they write, "It is also important to continue to clarify why one is engaged in working with those who are traumatized and maintain a good diet, exercise, and healthy way of life" (p. 172).

It should also be noted that many of us as therapists have a one-sided clientele, that is, many clients of the same ilk, which can make for a kind of dunning over the years with such messages as the world is unjust, brutal, etc. I can recall the awesome impact of my experience at the Seattle VA Vet Center in 1979-81. I learned there quickly and over time that

crowds are dangerous and one ought not to make obscene gestures on the highway. It was like some fiend had charged into my mind and kicked in the door to the room that contained my anger. I, the mild-mannered psychotherapist, after only a few months at the Vet Center, would leave work and pick up my wife, who was dancing with a group at a Belltown studio. There, in the airy atmosphere of blithe esthete spirits, I felt like a beast with dripping flesh in my teeth coming from a fresh kill.

Insidious Accumulation

There is an insidiousness about the accumulation of trauma imagery over time. C. G. Jung wrote somewhere that as consciousness expands it also darkens. We know bad things happen, sometimes by chance, like nature setting a tornado path. But we therapists are also one-sided. Even if we spend the other half of our professional time blowing up party balloons, we would still accumulate trauma imagery and it would taint our world.

Coping

It pays to have a consultation group of like-minded professionals who are able to confirm a reality that is imposed. We need to have tricksters to pop holes in our illusions of sacredness and profundity. When politicians and generals boast about how elite our troops are and how noble our purpose, we need colleagues around us who have heard otherwise, to confirm our reality without cynicism.

We can talk ideally about recreation and social support being buffers against accumulated stress, but the reality is that recreation is often pursued in the context of stress, in the form of crowded highways and inflexible schedules. For example, a few years ago I was at a soccer game. My son's team was participating in a tournament on a vast misty field on a Saturday morning in Whatcom County. Many games were in progress with screams abounding. Nearby was a shooting range and the sounds of the children's screams and gunfire intermingled, creating a spooky ambiguity in the mist.

Social support can be stressful, too, when it comes from a collection of human beings who, along with their creativity and empathy, have their own agendas, get sick, move away, and die.

Laughter

One of the tried and true stress releasers, one that is readily available to us all, is laughter, which seems to be beneficial whether the humor is dark or light, and is, like it or not, supplied to us in abundance, drawing as it does from our own folly and the fools around us.

I recall a patient once at Eastern State Hospital who had his long hair combed between his eyes and his glasses. He said it kept the aliens out. I asked him if it worked. He said, rather indignantly, "Of course! What do you think I crazy?"

##

More on the Federal VA Budget

The last edition of the *RAQ* featured a cover story that raised some controversy. We propagated a rumor that the federal VA budget had been cut. Michael Novotny, MSW, Team Leader of the Bellingham Vet Center, sent us an article from the VA inhouse magazine, *Vanguard* [May, June, 2003], in which VA Director Anthony Principi debunked the budget cut idea. Mr. Novotny quoted the article: "...there is no truth to any suggestion or assertion that VA's budget will be 'cut' or 'slashed' next year." Mr. Novotny observed that Mr. Principi goes on to state that "while the House and Senate passed a resolution reducing the amount of the increase in the budget, an increase was always proposed and that the VA was subsequently exempted from the 1% reduction in the increase." In a VA Email news release, another claim was asserted, "The VA's budget for health care has increased 32% since President Bush took office."

There seems to be contradiction between the deficits of service delivery observed in the various news accounts cited in the *RAQ* article, and the accounts of budget *increases* arriving on the *RAQ* editorial desk. In an Email from a DVA official who preferred to remain anonymous: "...the proposed budget is not a cut, but one that does not cover the full cost of living increases in salary, medications, and other expenses. Prior to this proposed budget the VA was not adequately funded to meet the needs of the veterans. There has been an almost 100% increase in the number of vets who have accessed the VA for care in the past 6 years, but staffing has remained essentially the same."

Washington VA Hospitals Closing?

Then we see a 7/25/03 article in the *Tacoma News Tribune*. "The U.S. DVA is looking into closing three of its Washington State hospitals, including the one at American Lake" (the others being Vancouver and Walla Walla, although American Lake was recently removed from this list).

"U.S. Sen. Patty Murray said she learned Thursday that the VA has ordered its regional officials in Seattle to consider the three facilities as part of a nationwide effort to transform the VA's health care system."

The federal program is ironically called CARES, for "Capital Asset Realignment for Enhanced Services." Senator Murray wrote in her letter to Secretary Principi on 7/24/03 that closure of the VA facilities "will restrict and deny healthcare access to thousands of Washington veterans including those with specialty care needs like mental health, blind rehabilitation services, and treatment for spinal cord and traumatic brain injuries."

The 2000 census finds 670,000 veterans of military service living in Washington. Senator Murray continued in her letter, writing that in light of forecasts of significant growth in Washington's veteran population, "It is outrageous that mandates would be given to...potentially close three Washington facilities." (*Editor's Note:* At press-time we learn that only inpatient services at Walla Walla and Vancouver VA Medical Centers are being considered for closure. Public hearings are scheduled 27 & 29 September at these two sites. See box to the right for more information.) EE ##

Veterans Who Work While Receiving 100% Service-Connected Disability

A very interesting and sensitive topic arose during our last WDVA contractors' meeting. One contractor noted that it irritates him when he hears about veterans who work "under the table" after they receive a 100% disability award. Other contractors echoed this sentiment and also observed that the issue was complex. Some veterans continue to work out of anxiety or compulsion and often are the worse for it. I cited the aged combat veteran who worked for too many years after the Korean War and literally destroyed his body in the process, because the VA had not been receptive to offering him treatment when he returned from the war. Other veterans are on full disability because they cannot hold a regular job, but can work episodically in brief jobs for people they know. Their identities incorporate pride in their ability to work, even when they don't need to. I have observed veterans who are ashamed *not* to work, especially if they remain home when their wives work.

I know one veteran who collects full disability but still puts on a shirt and tie and goes into his sales office once a week. He never earns very much because his customers and other sales people usually irritate him, but the professional identity helps with his sense of self worth.

A VA Regional Office official contacted by our *RAQ* investigative reporter said that the VA's position is that a veteran collecting a full disability can work so long as his or her earnings do not exceed the poverty level. The rationale apparently being that if a veteran can support himself above poverty level wages, he or she is not completely disabled. Earning more than poverty level wages while on full disability would be considered fraud. EE ##

Who CARES to Comment?

On September 27th and 29th., WDVA Director, John King will offer testimony at two public hearings regarding proposals under the VAMC CARES Plan. Under national review are VAMC inpatient programs, especially at Walla Walla VAMC and Vancouver VAMC. The hearings are being held by a national commission established solely for this CARES Initiative. Veterans, health, and mental health providers serving veterans, who have an interest in the future of these service sites, are encouraged to send their concerns, experiences, and ideas to Tom Schumacher at this Email address: tom@dva.wa.gov Comments and suggestions will be forwarded to John King, WDVA Director. It is our current understanding that State Directors of Veterans Affairs will be offering testimony at these hearings. TS ##

Local TV Features Female Veterans with PTSD as the Result of Rape During Military Service

Seattle's KING TV reporter, Lynda Byron, on 7/29/03 featured two female military veterans who told their stories of rape in the military from two generations. The story title headline in the email report stated: "An epidemic of military rape."

In the featured stories, both veterans reported difficulty in navigating the process of acquiring disability and treatment benefits, one because she at the time of her service felt it was warranted to keep quiet and not report, the other, a navy veteran of the USS *Lincoln*, who reported her harassment and rape and was stonewalled by navy officials.

Federal DVA Report "Big Problem"

The KING-TV story also featured "trauma specialist" and WDVA Bellingham contractor Bridget Cantrell, who asserted that many of her clients, despite clear evidence of PTSD, "are repeatedly turned down for benefits." Ms Byron, who asserted that she has talked with "dozens of women afraid to talk on camera," reported that the federal Department of Veterans Affairs admitted that military rape is a "big problem" and encouraged women to apply for benefits.

Vets Advocate Predicts Bog Will Continue

The KING-TV feature reported veterans' advocate, Susan Smith, as not being "optimistic about the prospects for change for women attempting to get disability benefits after being attacked during their tours of duty." Ms Smith, a military veteran herself, observed that the federal Department of Veterans Affairs is trying to "streamline the process, but the process is just so incredibly bogged down by bureaucracy. I don't know if its going to get any easier." ##

ISTSS to Meet in Chicago, Oct. 29-Nov. 1, 2003

The 19th Annual Meeting of the International Society for Traumatic Stress Studies will convene at the end of October in the Midwest's Windy City with the theme of "Fragmentation and Integration in the Wake of Psychological Trauma." The meeting brochure touts itself as "The largest gathering of professionals dedicated to trauma treatment, education, research and prevention."

This meeting features "pre-meeting institutes" expanded to an extra half day. Experts in the field from around the world will be attending and presenting their papers and views. Often discussions that occur in the audience before and after the seminars can be as stimulating as the official presentations. This meeting will feature a series called "Master Clinician Sessions" in which "expert clinicians will demonstrate the application of a particular therapeutic approach to a client with symptoms related to complex trauma experiences." At the abundant poster sessions learned discussions are expected to abound, creating a veritable beehive buzz. And one can come away from an evening's tour of posters with an armload of new information with business cards that connect to the research to personal names and faces.

Noted in his return to ISTSS meetings is John Wilson, who will be presenting in a symposium "Broken Spirits: Post-Traumatic Injury to the Self." Wilson has recently published a paper describing the trauma experience using Jungian theory, relating to what he calls "The abyss experience."

It is not unlikely that one could travel in an elevator with the likes of Roger Pitman or Bessel van der Kolk. Research leaders like Paula Schnurr, Edna Foa, or Mathew Friedman might discuss a controversial issue while one listens discretely.

Attending only the regular sessions, a clinician could accumulate 16-20 CE units, with symposia and workshops labeled in the brochure as featuring biomedicine, clinical research, child, assessment, etc., in edition to the conference theme of fragmentation and integration. A look at the ISTSS Meeting offerings can be got online at: istss.org. ##

The Repetition & Avoidance Quarterly is published each season of the year by The Washington Veterans PTSD Program, of the Washington Department of Veterans Affairs. The PTSD program's director is Tom Schumacher. The editor of the *RAQ* is Emmett Early. It is intended as a contractors' newsletter for the communication of information relevant to the treatment of PTSD in war veterans and their families. Your written or graphic contribution to the PTSD Program newsletter is welcomed if it is signed, civilized, and related to our favorite topics of PTSD and war veterans. Contributions may be sent by mail to the Washington Department of Veterans Affairs (Attn: Tom Schumacher), PO Box 41150, Olympia, WA 98504, or by Email directly to emmett@dva.wa.gov. Readers are also invited to send in topical research or theoretical articles for the editorial staff to review. Comments on items reported in the *RAQ* are also encouraged and will likely be published if they are signed. To be included in our mailing list, contact WDVA, Tom Schumacher, or Emmett Early. The *RAQ* can also be read online by going to www.dva.wa.gov Once in the WDVA Website, click on PTSD, and once on the PTSD page, scroll to where you find access to the *RAQ*. The newsletter logo is a computerized drawing of a photograph of a discarded sign, circa 1980, found in a dump outside the La Push Ocean Park Resort. ##